

## **Informed Consent and Waiver of Liability**

I, \_\_\_\_\_ (print name) understand that there may be a risk of personal injury participating in any exercise class. I accept complete responsibility for my health and well-being in this PraiseMoves® class. I also understand that no responsibility is assumed by the instructor, Michigan District, LCMS or the DoubleTree Hotel where classes are held.

I will not hold Michigan District, LCMS, DoubleTree hotel, and staff, or members liable in the event of personal injury or loss of any kind. I release and indemnify the instructor, Michigan District, LCMS and DoubleTree Hotel from and against any and all claims and liabilities, including attorneys' fees.

I further attest that I am in sufficient physical health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in PraiseMoves® classes.

In case of Emergency, contact: \_\_\_\_\_(name) at \_\_\_\_\_(phone)\_\_\_\_\_ (relationship)

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

\_\_\_\_\_ Participant Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian signature (if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein. \_\_\_\_\_ Date

Please list any physical limitations so that the instructor can modify postures for you. \_\_\_\_\_